

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

U.S. Department of Justice
United States Marshals Service

PLAINTIFF Ralph Rodriguez	COURT CASE NUMBER 7:22-cv-10056-PMH
DEFENDANT Burnett et al	TYPE OF PROCESS Summons & Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE C.O. Carlton Garrett, Badge #13-74	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Green Haven Correctional Facility 594 Route 216 Stormville, NY 12582-0010	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Ralph Rodriguez 17-A-0928
Fishkill Correctional Facility
P.O. Box 307 Housing Unit 9-1
Beacon, NY 12508

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of: <i>Tanuj Arora</i>	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		5/2/2023

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>22/22</i>	District of Origin No. <i>054</i>	District to Serve No. <i>054</i>	Signature of Authorized USMS Deputy or Clerk <i>K. Hutch</i>	Date <i>8/14/2023</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date <i>8/16/23</i>	Time <i>3:05</i>	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <i>P. Okeyach 32132</i>
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Costs shown on attached USMS Cost Sheet >>

REMARKS

5 hrs x \$65 = \$325
 146 miles x \$.655 = \$95.63
 \$420.63